| CLAIMS ONLY | | Application Number 10 560 490 | Filing Date |
|---|---|---|---|
| | | Applicant(s) | |

\* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | \* | | \* | | \* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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| 14 | | | | | | | 64 | | | | | | |
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| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| Total Indep | 1 | | | | | | Total Indep | | | | | | |
| Total Depend | 14 | | | | | | Total Depend | | | | | | |
| Total Claims | 15 | | | | | | Total Claims | | | | | | |